

LEWISTON-PORTER CENTRAL SCHOOL DISTRICT COMPLAINT FORM

In order to assist the Lewiston-Porter Central School District in providing for the prompt, thorough, and equitable resolution of discrimination and/or harassment allegations, please fill out the following form to the best of your abilities and submit it to the Civil Rights Compliance Officers; Dr. Michael F. Lewis, Assistant Superintendent for Administrative Services and Dr. Heather Lyon, Assistant Superintendent for Curriculum, Instruction and Technology. Questions regarding the completion or submission of this form can be directed to the District's Civil Rights Compliance Officer(s) or a trusted staff member with whom you feel comfortable.

Name of complainant: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(please circle the number you'd prefer us to call)

Email: _____

Name of Victim (if different than complainant): _____

The victim is: (check all that apply):

- _____ An employee, holding the position of _____ at _____ (location)
- _____ A student, grade _____ at _____ (school or location)
- _____ A parent or community member
- _____ Other (please specify his/her relationship with or association to the District) _____

Basis of this complaint/grievance:

- | | | |
|--|--|-----------------------|
| _____ Race, color, creed, national origin | _____ Sexual harassment | _____ Age |
| _____ Sex, gender, sexual orientation | _____ Marital status | _____ Retaliation |
| _____ Disability | _____ Genetic status | _____ Dignity For All |
| _____ Military/veteran status | _____ Religion | _____ Students Act |
| _____ Domestic violence victim status | _____ Criminal arrest or conviction record | |
| _____ Other/Not sure (Please briefly explain): _____ | | |

Name and/or description of accused person(s) or offending occurrence: _____

Description of alleged incident or occurrence (please attach any documentation or other information that you believe to be relevant to this complaint): _____

**LEWISTON-PORTER CENTRAL SCHOOL DISTRICT
COMPLAINT FORM**

Date, time and place of violation(s): _____

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:

Others you may have discussed this complaint/grievance/incident with, including contact information for each:

Has this incident or occurrence been previously reported? [] Y [] N If yes, when and to whom?

If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:

Please indicate the remedy sought by complainant:

Date

Signature of Complainant

(This form is to be used for all complaints within the Lewiston-Porter Central School District, including incidents of alleged discrimination or harassment)